10N 5 8 500	(g A)		,			PTO/SB/17			
0.			U.S. Pater	nt and Tradema	rk Office; U.S. DEI	7/31/2006. OMB PARTMENT OF CO	DMMERCE		
Under the Par	perwork Reduction Act of 19	95, no person are required to	respond to a collecti		n unless it displays		of number.		
Foos nursuant to	Effective on 12/08/20 the Consolidated Appropria		Application Nu	1.4	0/766,527	··.			
·			Filing Date		anuary 29, 20	004			
FEG	ETRANSM		First Named In		ai BAB				
	For FY 200	06	Examiner Name	· Ortico	. Heard				
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit	1	1646				
TOTAL AMOUNT OF PAYMENT (\$) 290.00			Attorney Docker	t No. 3	31949-200571				
METHOD OF	PAYMENT (check al	i that apply)							
Check Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP									
For the	above-identified deposi	it account, the Director is							
x C	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILIN	G, SEARCH, AND EXA			5 3744411	• TION EEEO				
	FILI	NG FEES SE/ Small Entity	ARCH FEES Small Entity	EXAMINA	ATION FEES Small Entity				
Application T	ype Fee (\$)	Fee (\$) Fee (\$		Fee (\$)	Fee (\$)	Fees Paid	(\$)		
Utility	300	150 500	250	200	100				
Design	200	100 100	50	130	65				
Plant	200	100 300	150	160	80				
Reissue	300	150 500	250	600	300				
Provisional	200	100 0	0	0	0				
2. EXCESS CLAIM FEES Small Entity									
Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025									
Each independent claim over 3 (including Reissues) 200 100									
Multiple depend	dent claims					360	180		
Total Claims	Extra Claims	Fee (\$) Fee F	aid (\$) Multiple Dependent Claims			ent Claims			
50			0.00	<u>Fee</u>		Fee Paid (\$)			
_	er of total claims paid for, if g			180	<u> </u>	\$180.00			
Indep. Claims	Extra Claims	Fee (\$) Fee F	Paid (\$)						
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): Petition for Extension of time (1-month) 60.00									
SUBMITTED BY									
Signature	L1.	Hom	Registration No. (Attorney/Agent)	36,830	Telephone	(202) 344-40	000		
Name (Print/Type)	Ann S. Hobbs, Ph.D	•			Date 6	125/06			

PTO/SB/22 (10-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number (Optional) 31949-200571								
OF LANGES	In re Application of Itai BAB et al.							
o south m	Application Number 10/76	6,527 F	Filed Janaury 29, 2004					
JUN 2 9 2006 B	For OSTEOGENIC GROWTH OLIGOPEPTIDES AS STIMULANTS OF HEMATOPOIESIS							
SHOW THADEMINE	Group Art Unit Examiner 1654 T. Heard							
This is a request under the provisio response in the above identified ap		extend the peri	od for filing a					
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):								
One month (37 CFR)	1.17(a)(1))	\$ <u>120.00</u>						
☐ Two months (37 CFI	R 1.17(a)(2))	\$						
☐ Three months (37 C	FR 1.17(a)(3))	\$						
Four months (37 CF	R 1.17(a)(4))	17(a)(4))						
Five months (37 CF	R 1.17(a)(5))		\$					
 □ Payment by credit card. Form PTO-2038 is attached. □ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. □ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 22-0261. □ I have enclosed a duplicate copy of this sheet. □ I am the □ applicant/inventor. 								
assignee of record of the entire interest. See 37 CFR 3.71								
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
attorney or agent of rec								
☑ attorney or agent under 37 CFR 1.34(a).								
Registration number if acting under 37 CFR 1.34(a). 36,830. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
June 2 5, 2006		<u></u>	. Urm					
Date			Signature					
		Ann S. Hobbs						
		Typed or printed name						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
★Total of 1 forms are submitted.								